

| CLAIMS ONLY                                       |          |        |                       |        |                        |             |
|---------------------------------------------------|----------|--------|-----------------------|--------|------------------------|-------------|
| Application Number<br><b>10691552</b>             |          |        |                       |        |                        | Filing Date |
| Applicant(s)                                      |          |        |                       |        |                        |             |
|                                                   |          |        |                       |        |                        |             |
| * May be used for additional claims or amendments |          |        |                       |        |                        |             |
| CLAIMS                                            | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |             |
|                                                   | Indep    | Depend | Indep                 | Depend | Indep                  | Depend      |
| 1                                                 |          |        |                       |        |                        |             |
| 2                                                 |          |        |                       |        |                        |             |
| 3                                                 |          |        |                       |        |                        |             |
| 4                                                 |          |        |                       |        |                        |             |
| 5                                                 |          |        |                       |        |                        |             |
| 6                                                 |          |        |                       |        |                        |             |
| 7                                                 |          |        |                       |        |                        |             |
| 8                                                 |          |        |                       |        |                        |             |
| 9                                                 |          |        |                       |        |                        |             |
| 10                                                |          |        |                       |        |                        |             |
| 11                                                |          |        |                       |        |                        |             |
| 12                                                |          |        |                       |        |                        |             |
| 13                                                |          |        |                       |        |                        |             |
| 14                                                |          |        |                       |        |                        |             |
| 15                                                |          |        |                       |        |                        |             |
| 16                                                |          |        |                       |        |                        |             |
| 17                                                |          |        |                       |        |                        |             |
| 18                                                |          |        |                       |        |                        |             |
| 19                                                |          |        |                       |        |                        |             |
| 20                                                |          |        |                       |        |                        |             |
| 21                                                |          |        |                       |        |                        |             |
| 22                                                |          |        |                       |        |                        |             |
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| 24                                                |          |        |                       |        |                        |             |
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| 27                                                |          |        |                       |        |                        |             |
| 28                                                |          |        |                       |        |                        |             |
| 29                                                |          |        |                       |        |                        |             |
| 30                                                |          |        |                       |        |                        |             |
| 31                                                |          |        |                       |        |                        |             |
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| 34                                                |          |        |                       |        |                        |             |
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| 36                                                |          |        |                       |        |                        |             |
| 37                                                |          |        |                       |        |                        |             |
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| 39                                                |          |        |                       |        |                        |             |
| 40                                                |          |        |                       |        |                        |             |
| 41                                                |          |        |                       |        |                        |             |
| 42                                                |          |        |                       |        |                        |             |
| 43                                                |          |        |                       |        |                        |             |
| 44                                                |          |        |                       |        |                        |             |
| 45                                                |          |        |                       |        |                        |             |
| 46                                                |          |        |                       |        |                        |             |
| 47                                                |          |        |                       |        |                        |             |
| 48                                                |          |        |                       |        |                        |             |
| 49                                                |          |        |                       |        |                        |             |
| 50                                                |          |        |                       |        |                        |             |
| Total Indep                                       |          |        |                       |        |                        |             |
| Total Depend                                      |          |        |                       |        |                        |             |
| Total Claims                                      |          |        |                       |        |                        |             |

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|--------------|-------|--------|-------|--------|-------|--------|
|              | Indep | Depend | Indep | Depend | Indep | Depend |
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| 100          |       |        |       |        |       |        |
| Total Indep  |       |        |       |        |       |        |
| Total Depend |       |        |       |        |       |        |
| Total Claims |       |        |       |        |       |        |

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            |          |        |                       |        |                        |        |
| 2            |          |        |                       |        |                        |        |
| 3            |          |        |                       |        |                        |        |
| 4            |          |        |                       |        |                        |        |
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| 50           |          |        |                       |        |                        |        |
| Total Indep  |          |        | 3                     |        |                        |        |
| Total Depend |          |        | 16                    |        |                        |        |
| Total Claims |          |        | 19                    |        |                        |        |

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|              | Indep | Depend | Indep | Depend | Indep | Depend |
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| 100          |       |        |       |        |       |        |
| Total Indep  |       |        |       |        |       |        |
| Total Depend |       |        |       |        |       |        |
| Total Claims |       |        |       |        |       |        |